JOB PERFORMANCE MEASURE

| TASK COD | E: CEO-184 | | |
|----------------------------|--|----------------------|--|
| TASK: | Install/Remove Temporary Sh | ielding | |
| NAME: | | | BADGE #: |
| | ES: Only references for knowledge item rences for Practical items | s are liste | d here. The trainee is expected to identify |
| 1. 2. | CL 1.11, Radiological Control Technician WP 12-HP3300, Radiation Exposure Con | | ental Training |
| | OBJECTIVE: Verify and Remove temporary shielding per | r WP 12-H | IP3300, Radiation Exposure Control. |
| - | ENCES OF INADEQUATE PERFO | ORMAN | NCE: |
| | PERSONNEL/EQUIPMENT STA | TUS): | |
| PRE-REQU | ISITE TRAINING/ TASK COMPI | LETION | N: |
| 1. 2. 3. 4. 5. | CL 1.00 Series CL 2.10, Access Control and Work Area CL 2.11, Radiological Work Coverage CEO-178, Provide Job Coverage for Worl CEO-179, Provide Job Coverage for Worl | Setup c in a Radi | ation Area |
| TOOLS/EOUIP | MENT (MATERIALS REQUIRED): | | |
| 1. | Appropriate Survey Instrumentation | | 6. Temporary Shielding (Lead blankets) |
| 2. 3. 4. 5. | Active RWP Appropriate Dosimetry Survey Documentation Posting Materials | 7. 8. | Temporary Shielding (Herculite) Temporary Shielding Labels |

Instructions to Trainee: You shall acquire the necessary references and equipment, and complete all required documentation. Knowledge requirements shall be completed with 80% or greater

accuracy. Critical step performance shall be completed with 100% accuracy.

Instructions to JPM Evaluator: The trainee is to perform the terminal objective, without assistance, on the job site. Provide clarification of requirements if requested by the trainee. You are encouraged to ask relevant questions to verify trainee understanding. If the trainee fails this JPM, clearly document the reason for failure and forward to the trainee's manager. Successful completion of this JPM shall be recorded on the trainee's qualification standard. >On performance items, if there is more than one means available to accomplish the step, circle the method used. Refer to the RCT-01 Qualification Standard for preference of use.

KNOWLEDGE REQUIREMENTS:

| Reference | Knowledge Requirement | Pass/Fail |
|-----------|---|-----------|
| 1 | State the different types of temporary shielding available. | |
| 1 | State the type of shielding best suited for each type of radiation. | |
| 2 | Describe how the use of temporary shielding is evaluated. | |
| 1 | Discuss the precautions while using temporary shielding when different types of radiation are present | |
| 2 | Discuss the survey requirements during installation/removal of temporary shielding. | |
| 2 | Discuss the survey requirements during shielding alteration | |
| 2 | State when engineering would need to be involved concerning the use of temporary shielding. | |

PERFORMANCE REQUIREMENTS:

| >Method | Performance Requirement | Pass/Fail |
|----------|--|-----------|
| >P, S, D | Generate an RWP for temporary shielding installation and removal | |
| P, S, D | Inspect temporary shielding installation. # | |
| P, S, D | Perform the required shielding installation surveys. # | |
| P, S, D | Affix the required temporary shielding label. # | |
| P, S, D | Perform the required shielding removal surveys. # | |
| P, S, D | Verify proper temporary shielding removal. | |
| P, S, D | Document shielding surveys. # | |
| | | |

> Denotes Revisions of this material

| >Method | Performance Requirement | Pass/Fail |
|---------|--|-----------|
| P, S, D | Verify shielding activities authorized on RWP. # | |

indicates a critical step

| FINAL EVALUATION: | PASS | FAIL | |
|----------------------|------|-------|--|
| COMMENTS: | | | |
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| | | | |
| EVALUATOR SIGNATURE: | | DATE: | |
| TRAINEE SIGNATURE: | | DATE: | |
| MANAGER SIGNATURE: | | DATE: | |